	AMENDMENT AFTER FIN
	ART UNIT 3738
PE	4
(0)	C.
200	n .
190	hereby certify that this corres envelope addressed to: Comm
1 1100	envelope addressed to: Comm

Certificate of Mailing by "First Class Mail"

pondence is being deposited with the United States Postal Service as first class mail in an issioner for Patents, Washington, D.C. 20231, on October 15, 2001.

Name of person signing: Jocelyn Lee

432

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application for:

Thomas A. Silvestrini

Serial No.: 08/596,221

Filing Date: July 15, 1996

For: SEGMENTED PLIABLE

INTRASTROMAL CORNEAL INSERT

Examiner: Willse, D.

Group Art Unit: 3738

TC 3700 MAIL ROOM

BOX AF

Commissioner for Patents Washington, D.C. 20231

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES-SMALL ENTITY

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner dated April 13, 2001 that resulted in Applicant having claims that have been twice or finally rejected. Included please find the following:

\boxtimes	Appeal Fee:				
		Large Entity Fee of \$320.00; or			
	\boxtimes	Small Entity Fee of \$160.00.			
\boxtimes	Petitio	etition for Extension of Time (3 months)			
	\boxtimes	Petition for Extension of Time Fee \$460.00.			
\boxtimes	Retur	n Postcard.			

ENDAF1 00000058 U01189

. I World 5.

Payme	ayment of Fees					
	Enclosed is Check No in the amount of \$					
\boxtimes	Please charge Deposit Account No. <u>50-1189</u> , Billing Ref. No. <u>23915-7319</u> in the amount of <u>\$620.00</u> to cover the above-fees. A duplicate copy of this sheet is enclosed.					
	The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>50-1189</u> , Billing Ref. No. <u>23915-7319</u> . A duplicate copy of this sheet is enclosed.					
DATE: October 15, 2001		Respectfully submitted, By: Antoinette F. Konski Registration No.: 34,202				
		×	I am the registered attorney of record under 37 § C.F.R. 1.34(a).			
		Please charge Deposit Accamount of \$620.00 to cov The Commissioner is here be required, or credit any of Ref. No. 23915-7319. A discontinuous control of the control of th	☐ Enclosed is Check No in the ☐ Please charge Deposit Account No. amount of \$620.00 to cover the above ☐ The Commissioner is hereby authorise required, or credit any overpayment Ref. No. 23915-7319. A duplicate copy. ☐ October ☐ Respect ☐ By:			

McCutchen, Doyle, Brown & Enersen, LLP Three Embarcadero Center, Suite 1800 San Francisco, California 94111

Telephone: (650) 849-4950 Telefax: (650) 849-4800 0CT 22 2001 TC 3700 MAIL ROOM